OPERATING PROCEDURE

# *BURNS*

Effective Date: November 1, 1986
Revised: October 1, 2000

Approved By:

Approved By Operational Medical Director:

## BLS

1. Identify and remove hazards. Utilize personal protective measures as necessary to protect rescuers
2. Perform initial patient assessment and obtain pertinent medical history as time allows
3. Stop the burning process. Remove all non-adherent clothing and jewelry from burned areas, and cool the burn site with clean or sterile water
4. Establish and maintain a patent airway, administer OXYGEN (once all fire is extinguished), and provide ventilatory assistance while protecting the cervical spine if indicated
5. Determine severity and extent of burns utilizing the "Rule of Nines"
6. If <10% 1st and 2nd degree burns, cover with moist sterile dressings. Dress other burns with dry sterile dressings and maintain body temperature
7. Treat for shock
8. Utilize helicopter transport to MedSTAR or other burn center.

*Patients meeting the following criteria SHALL be transported to the burn center:*
- ✓ >20% BSA 2nd and/or 3rd Degree Burns
- ✓ >10% BSA 3rd Degree Burns
- ✓ Any burn >10% BSA in patients <10 years old or > 50 years old

*Patients meeting the following criteria SHOULD BE CONSIDERED for transport to the burn center*:
- ✓ Burns to face, neck, hands, feet, perineum/groin
- ✓ Electrical burns (including lightning)
- ✓ Chemical burns
- ✓ Burns with an inhalation injury

✓ Burns with associated trauma



✓ Burns with associated medical problems

9. Consider helicopter transport to a facility with hyperbaric chamber facility

10. Treat specific injuries as identified below:

A. Chemical Burns

(1) Liquid:
(a) Remove contaminated clothing
(b) Flush contaminated area with water (copious)
(c) Contact Poison Control Center/Medical Control
(d) Continue treatment as directed

(2) Solids:
(a) Brush chemical off clothing
(b) Remove contaminated clothing
(c) Flush contaminated area with water (copious)
(d) Contact Poison Control Center/Medical Control
(e) Continue treatment as directed

**Note:** If chemical contacts the eye, irrigate the eye for at least 20 minutes with Normal Saline or sterile water. Do not contaminate the other eye with irrigation runoff

B. Electrical Burns

(1) If the patient is possibly still energized, do not touch patient until electricity is shut off. When safe, remove patient away from hazardous source. Take C-spine precautions

(2) Determine entrance and exit wounds and manage the wound sites. Refer to Multi-System Trauma protocol for further treatment

C. Light or Flash Burns

(1) Cover both eyes with a dry bandage

D. Radiation Burns

(1) Radiation hazards are of three types: skin dose, penetration dose, and internal contamination. First aid measures are limited to those for skin dose burns caused by nuclear and/or thermal radiation. Such injuries are similar to "ordinary" thermal

(2) Alpha and Beta emitting particles (in dust and dirt) can be separated by removal of clothing, washing of hair, and wiping skin with a damp cloth. Dress and bandage wounds as appropriate

(3) Rescue from a nuclear incident exposure is a task that must not be taken lightly or hurried into due to the extreme hazards involved. For this reason, expert assistance should be on-scene before any rescue is attempted

## ALS ONLY

**11. Perform endotracheal intubation if indicated**

**12. Establish a large bore IV of 0.9% Sodium Chloride. Attempt to use unburned area. Establish a second IV as needed and as time allows. Initiate fluid resuscitation as necessary to maintain an acceptable blood pressure. Do not delay transport to establish IV access.**

**13. Connect patient to cardiac monitor, document rhythm strip, and treat life threatening dysrhythmias as outlined in appropriate protocols**

**14. If indicated, administer NITROUS OXIDE/OXYGEN for pain:**

- **Adult: 50/50 concentration self administered via inhalation. Do not use NITROUS OXIDE if patient is hypoxic or otherwise requires high-concentration OXYGEN**

**15. If indicated for pain, administer MORPHINE SULFATE:**

- **Adult: 2 mg slow IV push. Repeat every 3 to 5 minutes as needed, not to exceed 10 mg. OLMC may authorize additional doses. MORPHINE SULFATE should be titrated to patient response with careful attention to the patient's blood pressure and perfusion.**
- **If administering MORPHINE SULFATE, also administer PHENERGAN 12.5 mg IV or 25 mg IM, to prevent nausea and potentiate the medication.**
- **Pediatric: 0.1mg/kg IV/IO/IM/SQ** ***Every effort must be made to contact OLMC prior to administering MORPHINE to a pediatric patient**
- **If administering MORPHINE SULFATE, also administer PHENERGAN 0.25 mg/kg IV or 0.5 mg/kg IM to prevent nausea and potentiate the medication**

**16. If patient is allergic to MORPHINE, administer DEMEROL:**

- **Adult: 25 to 50 mg slow IV/IM.**
- **If administering DEMEROL, also administer PHENERGAN 12.5 mg IV or 25 mg IM, to prevent nausea and potentiate the medication.**
- **Pediatric: 1mg/kg. If administering DEMEROL, also administer PHENERGAN 0.25**

**mg/kg IV or 0.5 mg/kg IM to prevent nausea and potentiate the medication**

**MEDICAL CONTROL ONLY**

***17. Other medication or interventions as directed by On-Line Medical Control.***